Why CHS supports compensation for plasma donation

Understandably, this is an emotional subject. In the 1970s and 1980s, 700 Canadians with bleeding disorders were infected with HIV and HCV and another 900 with HCV alone. The majority of these infections were caused by factor concentrates made from compensated plasma donors in the United States. Another 500 Canadians were infected with HIV and up to 20,000 with HCV from transfusions of fresh blood components from voluntary, non-compensated Canadian Red Cross donors. This was a terrible human and public health tragedy, not only in Canada, but around the world.

Since the opening of a plasma collection centre in Saskatoon in February, the issue of compensation for plasma donation is in the media almost every week. The CHS is on public record as supporting the practice of compensating plasma donors globally. Why does the CHS take this position?

Plasma products, whether from compensated or non-compensated, American or Canadian donors are equally safe and efficacious

Since the tragedy of the 1970s and 1980s, the blood system has changed profoundly. The advent of the Internet has meant that reports of new diseases go around the world in minutes instead of months or years. Donor selection procedures screen out those who may not be healthy. Records are computerized. Each donation is screened with multiple tests for HIV, HBV, HCV, syphilis and other pathogens. During manufacturing, plasma products are subjected to several extra steps to ensure safety including repeat testing, plasma inventory holds, purification, filtration, heat treatment and solvent-detergent viral inactivation. Each plasma collection centre is licensed and regularly inspected by national and international regulators. As a result of these layers of safety, there has not been a single case of viral transmission of HIV, HBV or HCV in plasma products in Canada since 1988. In fact, because of the additional testing and viral clearance steps used in the manufacturing of plasma products, they are considered safer than fresh blood components such as red cells, platelets and plasma for transfusion. Health Canada, the U.S. FDA, the European Medicines Agency and the Association of Hemophilia Clinic Directors of Canada are all on record stating that plasma products, whether from compensated or non-compensated donors, are of equal safety, efficacy and quality.

The CHS recognized in 2002 that donor selection, donation testing, viral inactivation and stringent surveillance were the elements that guaranteed safety—and not the question of payment—and it adopted a policy to that effect. The world has changed since 1985.

Plasma products from compensated plasma donors are essential to the health of thousands of Canadians and hundreds of thousands of other people in the world

Plasma products are made from two streams of plasma: 1) the leftover plasma from whole blood collection by not-for-profit blood establishments like Canadian Blood Services and Héma-Québec; 2) the plasma collected via plasmapheresis (the red cells are returned to the donor) by for-profit blood collection centres, mainly in the U.S. Both streams of plasma are then sent to large commercial manufacturers of biological drugs like CSL Behring, Shire (Baxalta), Grifols and
Octapharma so they can be fractionated and made into immune globulin, albumin, clotting factor concentrates and 30 other products for patients with blood and immune diseases.

While hundreds of Canadians with hemophilia A and B have access to recombinant factor VIII and IX, thousands more still rely on plasma products. These include people with von Willebrand disease, deficiencies in factors I, II, VII, IX, X, XI and XIII, and people with inhibitors to factor VIII and IX.

The leftover plasma from whole blood collection represents only 25% of the raw material needed for the world’s plasma products. The remaining 75% of the plasma comes from for-profit plasma collection centres. In Canada, CBS produces only 25% of the plasma needed for its immune globulin purchases; Héma-Québec only 15%. The plasma from the pay-for-plasma collection system is absolutely essential. Without it, thousands of people with chronic conditions would suffer and many would die.

There is not one developed country in the world that is able to supply plasma products to its citizens from purely non-compensated donations, nor do any of these countries have a feasible plan to reach that goal.

Yes, Canadian Blood Services and Héma-Québec should collect more plasma. However, it is completely unrealistic to think that they would be able to meet the domestic demand for plasma from voluntary non-compensated donors.

Compensating plasma donors is ethical
Compensated donors receive 25 or 30 dollars for their plasma and up to two hours of their time. Most donate weekly. It is entirely proper that those who contribute the raw material needed to manufacture drugs, which are then sold for profit by multinational pharmaceutical companies, receive a share of the return.

Canadians have been safely using plasma products made from compensated American donors for decades. Those who state that paying for plasma is unethical in Canada should be consistent and say that it is unethical in the U.S. as well, and those products should not be imported. As mentioned, if supply were shut off, thousands would suffer and many would die. How would that be ethical?

Blood establishments that collect fresh components from non-compensated donors can co-exist with plasma collection systems that pay donors
These systems have co-existed in the U.S. for decades. More recently, parallel systems have appeared in Germany and the Czech Republic without a negative impact. A company that pays its plasma donors has operated in Manitoba for over 30 years. There is no evidence that compensation would “crowd out” donors from Canadian Blood Services and Héma-Québec. Fewer than 4% of eligible donors in Canada actually choose to donate.

Canada should contribute more to the world supply
The world is over-reliant on the U.S. for the plasma needed to manufacture plasma products. This over-reliance could prove dangerous if, for example, there were a shortage of critical products and the U.S. determined it must cut exports. More plasma needs to be collected in Canada and in other countries.

The CHS policy on payment for plasma donation was developed in 2002, and expanded in 2013, by its Blood Safety and Supply Committee, many of whose members use factor replacement products, including those made from plasma. The policy, in our view, is pragmatic, science-based and patient-focused.

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